

BLAKELY SOKOLOFF TAYLOR &amp; ZAFMAN LLP OCT 11 2005

TELEPHONE: (714) 557-3800

INTELLECTUAL PROPERTY LAW  
12400 WILSHIRE BOULEVARD, 7TH FLOOR  
LOS ANGELES, CA 90025

FACSIMILE: (714) 557-3347

## FACSIMILE COVER SHEET

Deliver to: Justin I. Michalski, USPTO Art Group: 2644  
 Facsimile No.: 703-872-9306 Date: October 11, 2005  
 From: William W. Schaal, Reg. No. 39,018  
 Our Docket No.: 80398P118C Number of pages 16 including this sheet.  
 Application No.: 09/965,596 Filing Date: 9/26/2001  
 Docket Due Date(s): 10/14/2005

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: <u>Response</u> ( <u>12</u> pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( <u>    </u> pgs)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application: <u>                    </u> ( <u>    </u> pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: <u>                    </u>
<input type="checkbox"/> Assignment & Cover Sheet ( <u>    </u> pgs)	<input type="checkbox"/> Request for Continued Examination (RCE)
<input checked="" type="checkbox"/> Certificate of Facsimile <u>                    </u>	<input type="checkbox"/> Reply Brief ( <u>    </u> pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( <u>    </u> pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: <u>    </u> sheets, <u>    </u> figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: <u>                    </u>	<input type="checkbox"/> Response to Written Opinion ( <u>    </u> pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( <u>    </u> pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other <u>                    </u>	<input checked="" type="checkbox"/> Transmittal Letter

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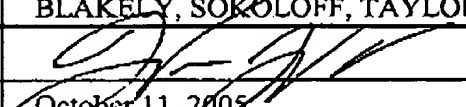
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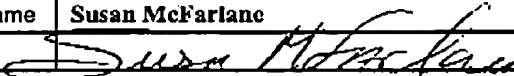
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**OCT 11 2005**

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application No.	09/965,596	
	Filing Date	September 26, 2001	
	First Named Inventor	James Mercks	
	Art Unit	2644	
	Examiner Name	Justin I. Michalski	
Total Number of Pages in This Submission	15	Attorney Docket Number	80398P118C

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 11, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Susan McFarlane		
Signature		Date	October 11, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 08/04/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460

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OCT 11 2005

<b>FEE TRANSMITTAL</b> <b>for FY 2005</b> <i>Potential fees are subject to annual revision.</i>		Complete if Known	
		Application Number	09/965,596
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	September 26, 2001
		First Named Inventor	James Mercs
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 0.00		Examiner Name	Justin I. Michalski
		Art Unit	2644
		Attorney Docket No.	80398P118C

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. 
 ☐ Credit any overpayments

**FEE CALCULATION**

**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
20	20*	0	\$0.00
Independent Claims	4	0	\$0.00
Multiple Dependent			

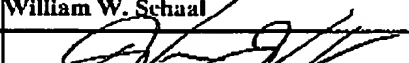
  

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	60	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple Dependent claim, if not paid	
1204	300	2204	150	**Reissue independent claims over original patent	
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)					\$0.00

\*for number previously paid, if greater, For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,580	2254	790	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	600	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	90	1807	50	Processing fee under 37 CFR 1.17(a)	
1808	180	1808	180	Submission of Information Disclosure Sheet	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.128(b))	
Other fee (specify)					
SUBTOTAL (2)					\$0.00

<b>SUBMITTED BY</b>		Complete (if applicable)	
Name (Print/Type)	William W. Schaal	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	10/11/05

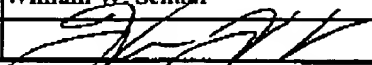
Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		Complete if Known		
		Application Number	09/965,596	
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		First Named Inventor	James Mercs	
		Examiner Name	Justin I. Michalski	
		Art Unit	2644	
TOTAL AMOUNT OF PAYMENT (\$)		0.00	Attorney Docket No.	80398P118C

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor &amp; Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																													
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<table border="0"> <tr> <td>Total Claims</td> <td>20</td> <td>- 20*</td> <td>= 0</td> <td>x</td> <td>50.00</td> <td>=</td> <td>\$0.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 4*</td> <td>= 0</td> <td>x</td> <td>200.00</td> <td>=</td> <td>\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Total Claims	20	- 20*	= 0	x	50.00	=	\$0.00	Independent Claims	4	- 4*	= 0	x	200.00	=	\$0.00	Multiple Dependent																																																																																																											
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	William W. Schaaf	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	10/11/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
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